

CITY OF ST. PAUL

DEPARTMENT OF SAFETY AND INSPECTIONS 375 JACKSON STREET, SUITE 220 ST. PAUL, MINNESOTA 55101-1806

ELEVATING DEVICE PERMIT APPLICATION

Visit our Web Site at www.stpaul.gov/dsi

Section I - INFORMATIONAL

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PROJECT ADDRESS	Number	Street Na	me	St. Ave. Blvd	l. Etc.	NSEW	Suite/Apt.	Buildin	g Name	Date	
Contractor	(Include Contact Person)			Address City State, Zip+4			1		Phor	ne	
Contractor's	s Email:										
Property Owner (Include Contact Person)				Address City State, Zip+4					Phon	ne	
New	Repair Modernization			Estimated ESTIMATED VALUE OF WORK Start Date						ORK	
Commercial	Residentia Enter Numbe	l er of Dwelling Unit	s	Estimated Completion Date							
		Section	II Scope	of Work (Se				edule.)			
Unit Data Circle to Indicate	Passenger		calator / ing Walk	Accessibility Lift**	Limited Limited		aterial Lift	Dumbwaiter	Other:		
Manufacturer Number	Manuf Make	acturer	Capacity (Pounds)		d FPM	Car Weight (pounds)	Car Eı	ption of nclosure	Numb Entrai		
Door Type	Center Opening		Speed Slide	Two Speed Center Opening	Bi-P	arting	Power Operated Bi-Parting	Swing	Other	•	
Class of A Loading	B C1 C	C2 C3		Safety Device Type	A B	C Bro	ken Rope	Net Insid Square Fe	e Platform Area et:		
	Elevator/ Tr Lift Type	action Hyd	Iraulic	Roped Hydraulic		Gearless	Drum	Other:			
Machine Sheave Size (Inches)		Motor HP	Operating Pr PSI	essure Norma	l Ful	ll Relief		Governor Type		Centrifugal	
	Number of Floors	Number of Openings		Travel Feet	Inches	Hoist Ropes	Quantity	Size (inches)	Governor Size Rope	,	
Circle to Indicate	Piston Diameter (inches)	Type of Buffer	Oil Spring	Solid Gas Sprin Return	g	·	City Number of	Unit:	•		
Guide Rails Type/Weight	Car	Counterv	weight				(Enter # for Repa	air / Modernization F	Permit -Leave Blank f	or New)	
					Ins	pector's Appro	oval:				
						Permit Number: (Office Use Only)					
Brief Description	on of Job, Location i	in Building, Floor, a	nd Other Comn	nents:			SUN	MARY OF F	EES		
						Perm (see back			\$		
						State Surcharge (Minimum 50 ¢)			\$		
						(Minim	ım 50 d)				
		orrect and that all pertinen		and city ordinances will	be	,	.,		\$		
complied within pe	erforming the work for w			and city ordinances will	be	,	rmit Fee		\$		
Applicant's Sig	erforming the work for w	hich this permit is issued	cense Holder)		be _	,	.,		\$		
Applicant's Signature	erforming the work for we construct (Master Elever of Cardho	wator Constructor Li	cense Holder)		be	,	ermit Fee	onth/Year			

If you are paying for your permit by American Express, Discover, MasterCard or Visa, you may fax your application.

The credit card information section must be filled in and signed. Our FAX number is 651-266-9124. If paying by check, please mail application and check to us.

Effective: 02/2020

INSTRUCTIONS FOR FEE CALCULATION

New construction, repairs and modernization of existing devices:

One and one-half percent (.015 times) of the total valuation of the work with a minimum fee of \$138.00.

The State surcharge is based on the valuation of the job:

\$1.00 to \$1000.00 is a 50¢ surcharge. \$1001.00 and up is .0005 times the value of the job.

ALL WORK MUST COMPLY WITH THE LATEST ADDITION OF A18.1, A17.1, A17.3 AND THE MINNESOTA STATE CODE SECTIONS 1307 AND 1341.

** Limited Use / Limited Access or Accessibility Lift **

Prior approval is required for installation. Contact the Elevator Inspector between 7:30- 9:00 a.m. at 651-266-9012.

If you have any questions, please call the field inspector, 651-266-9012. Field Inspectors Office Hours are 7:30 to 9:00 a.m., Monday through Friday.

Permit Fee Information: 651-266-8989.